

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

09/029686

FILING DATE

APPLICANT(S)

**CLAIMS**

AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
IND.	DEP.	IND.	DEP.	IND.	DEP.

IND.		DEP.		IND.		DEP.	
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TOTAL IND.		4			
TOTAL DEP.		20			
TOTAL CLAIMS		24			

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